



CERTIFICATE OF LIABILITY INSURANCE

5/21/2021

DATE (MM/DD/YYYY)
8/25/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Co.</td> <td style="text-align: right;">NAIC # 18058</td> </tr> <tr> <td>INSURER B : Trumbull Insurance Company</td> <td style="text-align: right;">27120</td> </tr> <tr> <td>INSURER C : Twin City Fire Insurance Company</td> <td style="text-align: right;">29459</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A : Philadelphia Indemnity Insurance Co.	NAIC # 18058	INSURER B : Trumbull Insurance Company	27120	INSURER C : Twin City Fire Insurance Company	29459	INSURER D :		INSURER E :		INSURER F :	
CONTACT NAME:																					
PHONE (A/C, No, Ext):	FAX (A/C, No):																				
E-MAIL ADDRESS:																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A : Philadelphia Indemnity Insurance Co.	NAIC # 18058																				
INSURER B : Trumbull Insurance Company	27120																				
INSURER C : Twin City Fire Insurance Company	29459																				
INSURER D :																					
INSURER E :																					
INSURER F :																					
INSURED 1440913 Pediatric Therapy Services, LLC DBA The Stepping Stones Group 2586 Trailridge Dr E Ste 100 Lafayette, CO 80026																					

COVERAGES **CERTIFICATE NUMBER:** 15383076 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	PHPK2135699	5/21/2020	5/21/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	39UUNHF7003	5/21/2020	5/21/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	PHUB723217	5/21/2020	5/21/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	39WBBX6853	5/21/2020	5/21/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability	N	N	PHPK2135699	5/21/2020	5/21/2021	\$1M Each wrongful act / \$3M aggregate \$5,000 Each Claim Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 Named Insureds include: Pediatric Therapy Services, LLC DBA Stepping Stones Group, Cumberland Therapy Services, LLC, 101 Therapy Staffing, Inc., My Therapy Company, LLC, AlphaVista Services, Inc., AlphaVista Holdings, Inc., Staffing Options & Solutions, LLC, and Cobb Pediatric Speech Services, LLC dba Cobb Pediatric Therapy Services, The Perfect Playground OT, PT, & SLP PLLC, SSG New York, LLC, Rockstar Recruiting LLC d/b/a StaffRehab, Speech Rehab Services, LLC; SSG Intermediate HoldCo, LLC; MyTherapyCompany SPED, LLC; Rockstar Recruiting, LLC dba StaffRehab Mount Diablo Unified School District is listed as an additional insured with respects to the General Liability policy as per written contract.

CERTIFICATE HOLDER

CANCELLATION

15383076 Mount Diablo Unified School District 1936 Carlotta Dr. Concord CA 94519	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

e. Athletics Activities

To a person injured while taking part in athletics.

H. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B, Items 1.b. and 1.d. are amended as follows:

- b. The limit for the cost of bail bonds is changed from \$250 to \$2,500; and
- d. The limit for loss of earnings is changed from \$250 a day to \$500 a day.

I. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended to include the following:

We will pay, on your behalf, defense costs incurred by an “employee” in a criminal proceeding.

The most we will pay for any “employee” who is directly involved in a criminal proceeding is \$25,000 regardless of the numbers of “employees,” claims or “suits” brought or persons or organizations making claims or bringing “suits.”

J. Who is An Insured

SECTION II – WHO IS AN INSURED is amended as follows:

1. Newly Acquired or Formed Organization

If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is amended to read:

- a. Coverage under this provision is afforded until the end of the policy period;

2. Each of the following is also an insured:

- a. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- b. **Blanket Additional Insureds When Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for “bodily injury,” “property damage” or “personal and advertising injury” but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations.

The Additional Insured’s limits of insurance do not increase our limits of insurance, as described in **SECTION III – LIMITS OF INSURANCE**.

- c. **Interns** – Your interns only while performing duties related to the conduct of your business.
- d. **Contractors** – Any individual or organization under written contract or written agreement with you who provides “staffing services” on your behalf and at your direction for your clients.

K. Duties in the Event of Occurrence, Offense, Claim or Suit

1. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2.a.** the requirement that you must see to it that we are notified as soon as practicable of an “occurrence” or an offense, applies only when the “occurrence” or offense is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An "executive officer" or insurance manager, if you are a corporation.
2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 2. b.** the requirement that you must see to it that we receive notice of a claim or “suit” as soon as practicable will not be considered breached unless the breach occurs after such claim or “suit” is known to:
 - a. You, if you are an individual;
 - b. A partner, if you are a partnership; or
 - c. An "executive officer" or insurance manager, if you are a corporation.

L. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us includes the following clarification:

Therefore, the insured can waive the insurer’s rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

M. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is amended to include the following additional condition:

Liberalization

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS is amended to include the following additional condition:

Unintentional Failure To Disclose Hazards

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period

POLICY NUMBER: PHUB723217



A Member of the Tokio Marine Group

One Bala Plaza, Suite 100
 Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax 610.617.7940
 PHLI.com

COMMERCIAL UMBRELLA LIABILITY INSURANCE POLICY DECLARATIONS

Philadelphia Indemnity Insurance Company	115266 Lockton Companies, LLC 751 Arbor Way, Suite 250 Blue Bell, PA 19422 (215) 583-9200
NAMED INSURED: Pediatric Therapy Services, LLC DBA Stepping Stones Group MAILING ADDRESS: 2586 Trailridge Dr E Ste 100 Lafayette, CO 80026-3111 POLICY PERIOD: FROM <u>05/21/2020</u> TO <u>05/21/2021</u> AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE	
EACH OCCURRENCE LIMIT (LIABILITY COVERAGE)	\$ <u>5,000,000</u>
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>5,000,000</u> Any one person or organization
PRODUCTS COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>5,000,000</u>
GENERAL AGGREGATE LIMIT (LIABILITY COVERAGE) (except with respect to Auto Liability and Products Completed Operations)	\$ <u>5,000,000</u>

RETAINED LIMIT	
RETAINED LIMIT:	\$ <u>10,000</u>

POLICY NUMBER: PHUB723217

PREMIUM	
PREMIUM SUBTOTAL	\$ 18,475.00
STATE TAXES, FEES, SURCHARGES (if applicable)	\$ <u>Not Applicable</u>
PREMIUM TOTAL (including Taxes, Fees, Surcharges)	\$ 18,475.00
AUDIT PERIOD:	<input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	<u>LLC</u>
BUSINESS DESCRIPTION:	<u>Temporary Staffing Agency Umbrella</u>

ENDORSEMENTS ATTACHED TO THIS POLICY
SEE ATTACHED SCHEDULE

POLICY NUMBER: PHUB723217

SCHEDULE OF UNDERLYING INSURANCE			
Employers' Liability			
Company:	SEE EMPLOYERS' LIA SUPPLEMENTAL SCHEDULE OF UNDERLYING INS		
Policy Number:			
Policy Period:			
Minimum Applicable Limits			
Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit
Commercial General Liability <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims-Made			
Company:	Philadelphia Indemnity Insurance Company		
Policy Number:	PHPK2135699		
Policy Period:	05/21/2020	05/21/2021	
Retroactive Date:	Not Applicable		
Minimum Applicable Limits:			
General Aggregate	\$	3,000,000	
Products-Completed Operations Aggregate	\$	3,000,000	
Personal And Advertising Injury	\$	1,000,000	
Each Occurrence	\$	1,000,000	
Commercial Auto Liability			
Company:	The Hartford		
Policy Number:	39 UUN HF7003		
Policy Period:	05/21/2020	05/21/2021	
Minimum Applicable Limits			
Garage Aggregate Limit For Other Than Autos (if applicable)	\$	Not Applicable	
Each Accident	\$	1,000,000	
Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made			
Company:	Philadelphia Indemnity Insurance Company		
Policy Number:	PHPK2135699		
Policy Period:	05/21/2020	05/21/2021	
Retroactive Date:	07/01/2009		
Minimum Applicable Limits			
Each Professional Incident	\$	1,000,000	
Aggregate	\$	3,000,000	

POLICY NUMBER: PHUB723217

Employee Benefits Liability		<input type="checkbox"/> Occurrence	<input checked="" type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2135699</u>			
Policy Period: <u>05/21/2020</u> <u>05/21/2021</u>			
Retroactive Date: <u>05/21/2015</u>			
Minimum Applicable Limits			
<u>Each Claim</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>1,000,000</u>	
Abuse or Molestation		<input checked="" type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: <u>Philadelphia Indemnity Insurance Company</u>			
Policy Number: <u>PHPK2135699</u>			
Policy Period: <u>05/21/2020</u> <u>05/21/2021</u>			
Retroactive Date: <u>Not Applicable</u>			
Minimum Applicable Limits			
<u>Each Abusive Conduct</u>	\$	<u>1,000,000</u>	
<u>Aggregate</u>	\$	<u>3,000,000</u>	
Directors & Officers Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	
Liquor Liability		<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Company: _____			
Policy Number: _____			
Policy Period: _____			
Retroactive Date: _____			
Minimum Applicable Limits			
	\$	_____	
	\$	_____	

POLICY NUMBER: PHUB723217

Watercraft Liability Company: _____ Policy Number: _____ Policy Period: _____ Retroactive Date: _____ Minimum Applicable Limits _____ \$ _____ _____ \$ _____	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made
Other Coverages Not Included in Above Company: _____ Policy Number: _____ Policy Period: _____ Retroactive Date: _____ Minimum Applicable Limits _____ \$ _____ _____ \$ _____	<input type="checkbox"/> Occurrence	<input type="checkbox"/> Claims-Made


THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

IN WITNESS WHEREOF, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



John W. Glomb, Jr.
President & Chief Underwriting Officer



Secretary

EMPLOYERS' LIABILITY SUPPLEMENTAL SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company: The Hartford

Policy Number: 39 WB BX6853

Policy Period: 05/21/2020 05/21/2021

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

Employers' Liability

Company: Philadelphia Indemnity Insurance Company

Policy Number: PHPK2135699

Policy Period: 05/21/2020 05/21/2021

Minimum Applicable Limits

Bodily injury by accident	\$	1,000,000	Each Accident
Bodily injury by disease	\$	1,000,000	Each Employee
Bodily injury by disease	\$	1,000,000	Policy Limit

Employers' Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit

Employers' Liability

Company:

Policy Number:

Policy Period:

Minimum Applicable Limits

Bodily injury by accident	\$		Each Accident
Bodily injury by disease	\$		Each Employee
Bodily injury by disease	\$		Policy Limit